



STATE OF WASHINGTON  
DEPARTMENT OF SOCIAL AND HEALTH SERVICES

**REQUEST FOR NOTICE OF TRANSFER OR ENCUMBRANCE**

**DATE:**

**TO:** DEPARTMENT OF SOCIAL AND HEALTH SERVICES (DSHS)  
FINANCIAL SERVICES ADMINISTRATION  
OFFICE OF FINANCIAL SERVICE, ESTATE RECOVERY  
PO BOX 9501  
OLYMPIA WA 98507

**FROM:**

**REGARDING:**

Request for Notice of Transfer or Encumbrance, in accordance with the provisions of WAC 388-527-2830 and RCW 43.20B, as follows:

Client's name:  
Client's DSHS identifier:  
Recording date:  
Recording reference:  
County of record:

**NOTICE:**

In response to the above referenced Request for Notice of Transfer or Encumbrance the following described transfer or encumbrance related to the real property is provided:

Type of instrument:  
Recording date:  
Recording reference:  
(Copy enclosed.)